duced during a review of the company’s submission (CS) to the National Institute for Health and Care Excellence (NICE) Single Technology Appraisal programme for the oral direct thrombin inhibitor, dabigatran. METHODS: Randomized controlled trials (RCTs) for inclusion were identified using the CS for dabigatran (as part of Technology Appraisal [TA]327), and two similar submissions for rivaroxaban (TA261 and TA287). No comparable studies were found for enoxaparin, and the cost-effectiveness of thrombolytics and treatments received. A Bayesian MTC was conducted, and fixed and random effects models were explored. Odds ratio (OR) was chosen as the summary statistic for VTE recurrence and major bleed. RESULTS: The network of 9 RCTs formed a “radiating star”. The fixed effects model had the lowest deviance information criterion (DIC) for VTE recurrence and major bleed and so was chosen as the best-fitting model. There was reasonable agreement between the number of uncontrolled data points and the residual deviance for both outcomes. Results compared to dabigatran were (OR = 0.79, p = 0.24) for VTE recurrence LMWH OR 0.96 (95% CrI: 0.15–2.67), warfarin OR 0.74 (95% CrI: 0.15–2.15).

PCV21

ASSOCIATION BETWEEN ADHERENCE TO EVIDENCE-BASED HEART FAILURE DRUG TREATMENT AND ONE-YEAR ALL-CAUSE HOSPITALIZATION AND ALL-CAUSE MORTALITY

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OBJECTIVES: To assess the association between adherence to heart failure (HF) evidence-based treatment (i.e. β-blocker + ACE inhibitor or angiotensin receptor blocker or hydralazine + isosorbide dinitrate) and 1) one-year all-cause hospitalization and 2) one-year all-cause mortality, among people with HF. METHODS: We included two nested case-control studies using Quebec (Canada) medico-administrative data. We selected cases and controls in a cohort made of Quebec residents ≥ 18 years who had a first diagnosis of HF between 01/01/2000 and 12/31/2009 and who did not use HF evidence-based treatment before their diagnosis. Cases were hospitalizations or who died in the year after HF diagnosis. Each case was randomly matched to 4 to 10 controls using incidence density sampling. Adherence to HF evidence-based treatment was assessed using the proportion of days covered (PDC). Odds ratios (OR) were calculated using conditional multivariable logistic regressions. RESULTS: Among the 125,622 individuals in the cohort, 70,483 (56.1%) were hospitalized and 19,915 (15.9%) died during the first year after diagnosis. Only 7.5% of hospitalization cases, 9.5% of one-year all-cause hospitalization, and 9.7% of one-year all-cause mortality cases received the full dose of prescribed medication. Compared to those with a PDC < 80%, patients who had a PDC > 80% and < 80% (OR = 1.95; 95% CI: 1.84–2.06) were more likely to be hospitalized within the first year after diagnosis. Similarly, compared to those with a PDC > 80%, patients who had a PDC > 80% and ≤ 80% (OR = 1.97; 95% CI: 1.59–1.86) or a PDC ≤ 0% (OR = 2.26; 95% CI: 2.13–2.40) were more likely to die during the year after diagnosis. CONCLUSIONS: Adherence to HF evidence-based treatment is suboptimal. A low adherence could increase the risk of hospitalization and have a detrimental effect on survival of HF patients.

PCV22

NETWORK META-ANALYSIS OF VARIOUS TREATMENT STRATEGIES IN RESISTANT HYPERTENSION

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OBJECTIVES: To evaluate treatment strategies for resistant hypertension were developed, however comparative effectiveness of these add-on strategies and MRAs is not established. Our objective is to perform a network meta-analysis of add-on treatment strategies for MRAs in TRHTN and thus establish comparative effectiveness in terms of SBP and DBP reduction, adverse effects, and mortality. METHODS: Recent meta-analyses for renal denervation (RDN) and placebo effect were supplemented with a systematic search for MRAs in TRHTN. Newer renal denervation articles were identified using Pubmed searches. Search terms included ‘resistant hypertension’, ‘adrenaline’, ‘renal denervation’, and ‘renal denervation’. RESULTS: There were no significant differences in the outcomes evaluated. However, the available evidence suggests that LVMH may have the lowest risk of VTE recurrence in the treatments assessed.

PCV23

ASPIRIN VERSUS CLOPIDOGREL IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION: A COST AND EFFECTIVENESS COMPARISON FROM BEIJING MEDICAL INSURANCE DATABASE

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OBJECTIVES: To compare the cost and effectiveness of aspirin with that of clopidogrel in acute myocardial infarction (AMI) patients from data of Beijing medical insurance database. METHODS: We randomly selected 10% of patients diagnosed as AMI the first time during January 2012- December 2012 and then followed their inpatient data to September 2013. In addition to being the only effective active treatment strategy, research into future medicinal alternatives in TRHTN should use spironolactone as an active comparison, and as an obligatory backbone when investigating the effects of novel anti-hypertensive alternatives. Furthermore, trials investigating device-based alternatives such as renal denervation should always include sham procedure as a comparator.

PCV24

LONG-TERM INCREASED INPATIENT AND OUTPATIENT VISITS ASSOCIATED WITH NEW CARDIOVASCULAR EVENTS: A LARGE UNITED STATES REAL WORLD STUDY

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OBJECTIVES: To evaluate the burden to patients and the healthcare system associated with a new cardiovascular event (CVE) up to 3 years post-new CVE among high-risk hyperlipidemia patients. METHODS: Using the IMS LifeLink PharmDX Plus claims databases, we identified high-risk hyperlipidemia patients with and without a new CVE between 01/01/2006 and 06/30/2012. CVEs included primary inpatient claims for myocardial infarction (MI), stroke (CVD), and death (death cases and of patients who died within the year after diagnosis). Each case was randomly matched to 4 to 10 controls using incidence density sampling. Adherence to HF evidence-based treatment was assessed. Until the April 2015, self-monitoring and self-management was evaluated, while in the other 7 studies self-management was assessed. Results: No significant differences in the outcomes evaluated. However, the available evidence suggests that LVMH may have the lowest risk of VTE recurrence in the treatments assessed.